l									Application or Docket Number					
_	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								ORD 09/913213					
			S FILED - PART (Column 1)		(Column 2)		SMALL TYPE			OR	•	OTHER THAN		
TOTAL CLAIMS						A TOTAL S		ATE	FEE	7	- RATE	FEE		
FOR			NUMBER	NUMBER FILED		BER EXTRA	BAS	IC FE	E 500	7,	BASIC FEE	-		
Ŀ	TOTAL CHARGE	10 m	10 minus 20=			XS 9=		Ju	OR	Yana				
11	NDEPENDENT (minus 3 =		•		X40=		 	- ~					
ľ	AULTIPLE DEPE	NDENT CLAIM	PRESENT	RESENT			1		 	OR	X80=	<u> </u>		
•	II the difference	e in column 1 is	less than z	less than zero, enter		*0* in column 2		+135=		OR	+270=			
				MENDED - PART II			TO	TAL	500	OR	TOTAL	<u> </u>		
<u>'</u>	1920	(Column 1)		(Column 2) (Column 3)				ALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTAA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE		
	Total	. /0	Minus	2	0	2	X\$	9=	7	OR	X\$18=			
AME	Independent	· /	Minus	ق		=	X4	O=	/		X80=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		/	OR	7,001			
Best Available Copy							+13			OR	+270=			
	_		•	•			ADDIT	FEE		OR ,	TOTAL ADDIT: FEE	, 		
AMENOMENT B	111	(Column 1) CLAIMS	1/4-1/2-13	(Colum		(Column 3)	_				`			
	02/13/07	REMAINING AFTER AMENOMENT	Park Care	NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE		
	Total	. /3	Minus	· 2	O :	=	XS	9=	/	OR	X\$18=	<u> </u>		
	Independent	• /	Minus	•••	3	•	X4	0=	/		X80≈			
_	THUS) PRESE	NTATION OF ML	SETIPLE DEP	PENDENT	CLAIM			_	/	OA				
				•		• '	+13	5≥ OTAL	/	OR	+270=			
		:					ADDIT.		L	OR	YOYAL NDDIT. FEE			
	- j	(Column 1)	es 3000, 87 a	(Colum HIGHE		(Column 3)				_				
) -	et (bye i	REMAINING AFTER	7.54	NUMBI	ER	PRESENT	000	j	ADDI-			ADDI		
ME		AMENDMENT	real to state	PAID F		EXTRA	RAT	E .	TIONAL FEE		RATE	TIONA		
AMENDMENT	Total Independent	•	Minus	••		=	X\$	9=		OR	X\$18=			
2	l'		Minus			* \	X40=			<u>.</u>	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+139	_		OR				
. u	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+270=			
•••	the Highest Non	Ner Previously Pal	o for in this	SPACE is I	ess than	50' eurat .50'.	ADDIT, I	FEE		OR A	TOTAL DOIT, FEE			
		per Previously Paid	For (Total or	Independen	i) is the	highest number	lound in th	e epp	ropriate box	in colu	ma 1.			
RM N. P	PTO-075	•					De lens				OTUENT AE			